

DONATION COUPON

Giving the gift of hope



Name (Mr/Mrs/Ms/Dr): _____

Address: _____

_____ Postcode: _____

Tel: _____

Email: _____

D.O.B: _____

OPTION 1: I will make a single gift of:

\$25 \$50 \$100 Other \$_____

OPTION 2: I will make a gift monthly gift:

\$_____/month (minimum \$25 per month)

I will make my gift by:

Cheque Money order Mastercard Visa AMEX

Cheques made payable to Smile Outreach Foundation.

Card No.

Cardholder's name: _____

Signature: _____

Expiry date: ____ / ____

All donations \$2.00 and over are tax deductible.

I agree to receive future emails from Smile Outreach Foundation.

RETURN TO:

1b/34 Koondoola Ave, Koondoola WA 6064 p:08 9342 5720 e:info@smileoutreach.org
www.smileoutreach.org abn 80 156 039 388